

MCMC

IRO Medical Dispute Resolution M2 Prospective Pre-Authorization IRO Denial Notification Letter

Date: 12/01/2004
Injured Employee:
MDR #: M2-05-0036-01
TWCC #
MCMC Certification #: 5294

Requested Service: Cervical Discogram with CT Scan.

MCMC llc (MCMC) is an Independent Review Organization (IRO) that has been selected by The Texas Workers' Compensation Commission (TWCC) to render a recommendation regarding the medical necessity of the above requested service.

Please be advised that a MCMC Physician Advisor has determined that your request for M2 Prospective Medical Dispute Resolution on 12/01/2004 concerning the medical necessity of the above requested service is hereby Denied based on:

- *TWCC notification of IRO assignment form dated 09/20/2004
- *Medical Dispute resolution request/response form
- *Intracorp UR letter dated 07/27/2004 and 06/28/2004
- *Letter from Dr. Mark McDonnell to Dr. Estrada dated 05/25/2004
- *Texas Pain Institute, Dr. Nguyen letter of medical necessity for discogram dated 07/12/2004
- *TWCC report of medical evaluation dated 4/14/2004 and 06/24/2004,
- *Patient History letter from Dr. Borcharding, DO dated 06/24/2004
- *Electro-Diagnostic Consultants test summary dated 05/10/2004
- *Designated Doctors exam by Dr. Hugh Ratliff dated 03/30/2004
- *TWCC work status report dated 09/08/2003, 10/03/2003, 11/06/2003, 12/29/2003, 04/21/2003, 04/24/2003, 05/01/2003, 07/08/2003, 03/20/2004, 07/26/2004, 09/27/2004
- *Required medical examination report from Dr. Andrew Caines dated 03/20/2004
- *Green Oak Open MRI of CT spine without contrast dated 10/31/2003
- *Green Oak Open MRI of thoracic spine without contrast dated 10/31/2003
- *Advanced Ortho Rehab initial medical evaluation dated 04/23/2004
- *Advanced Ortho Rehab subsequent medical evaluation dated 06/09/2004
- *Houston Spine Surgery Center new patient evaluation dated 05/25/2004
- *Physical therapy and sports medicine center progress note dated 04/21/2003, 04/24/2003, 05/01/2003, 09/08/2003, 12/09/2003, 12/16/2003, 12/23/2003
- *Sadler Clinic, Dr. Jeff Arthur H&P dated 12/09/2003
- *Sadler Clinic physical therapy initial eval and treatment plan
- *Progress note from Dr. David Hildreth dated 11/20/2003
- *Sadler Clinic, Dr. Kevin Keyes, DC office note dated 09/22/2003
- *Dr. James Hood evaluation letter dated 09/16/2003
- *Annex x-ray report thoracic spine dated 09/08/2003
- *Conroe C.T. Scanning stress test report dated 01/30/2003

The published peer-reviewed literature at the National Library of Medicine database retrieved 84 articles from a search for cervical spine discography. Not all of the articles retrieved pertained to the cervical spine. Of the articles available 9/84 were written since 2000. The articles available discuss the use of cervical discography in diagnosing cervical discogenic pain. There are no paper that describe a well-designed study confirming the improved results of surgery for cervical radiculopathy using cervical discography.

This patient does not have an obscure cervical pain problem. His clinical problem is a left C6 cervical radiculopathy. This diagnosis is established based on the correlation of abnormal neurological findings, MRI scan, and electrodiagnostic studies. There is no evidence that cervical discography will be add any further information to the diagnosis or treatment of this patient's identified pathology.

This decision by MCMC is deemed to be a Commission decision and order (133.308(p) (5).

The reviewing provider is a Board Certified Neurological Surgeon and certifies that no known conflict of interest exists between the reviewing chiropractor and any of the treating providers or any providers who reviewed the case for determination prior to referral to the IRO. The reviewing physician is on TWCC's Approved Doctor List.

Your Right to Request A Hearing

Either party to this medical dispute may disagree with all or part of the decision and has a right to request a hearing.

If disputing a spinal surgery prospective decision a request for a hearing must be in writing and it must be received by the TWCC Chief Clerk of Proceedings within 10 (ten) days or your receipt of this decision (28Tex.Admin. Code 142.5©.)

If disputing other prospective medical necessity (preauthorization) decisions a request for a hearing must be in writing and it must be received by the TWCC Chief Clerk of Proceedings within **20** (twenty) days of your receipt of this decision (28Tex.Admin. Code 148.3©.)

This decision is deemed received by you 5 (five) days after it was mailed (28Tex.Admin. Code 102.4(h)(2) or 102.5(d)). A request for a hearing **and a copy of this decision** should be sent to:

Chief Clerk of Proceedings / Appeals Clerk
Texas Workers' Compensation commission
P.O. Box 17787
Austin, Texas, 78744
Fax: 512-804-4011

The party appealing the decision shall deliver a copy of its written request for a hearing to all other parties involved in the dispute.

In accordance with commission rule 102.4(h), I hereby verify that a copy of this Independent Review Organization (IRO) Decision was sent to the carrier, the requestor and claimant via facsimile or U. S. Postal Service from the office of the IRO on this

1 day of December 2004.

Signature of IRO Employee: _____

Printed Name of IRO Employee: _____